Parish: Project Name:

Pre-Application for Statewide Flood Control Program (An original and four copies are to be submitted)

Mail To:	Louisiana Department of Transportation & Development Statewide Flood Control Program Section 64, Room N-518 P.O. Box 94245 Baton Rouge, LA 70804			
	or			
Deliver To:	Louisiana Department of Transportation & Development Statewide Flood Control Program Section 64, Room N-518 1201 Capitol Access Road Baton Rouge, LA 70802			
1. Name of S	ponsoring Authority:			
Autho Title:	ng Address: rized Representative: none Number:			
2. Date:				
3. Problem Area Location:				
4. Name and	Legislative District Number of legislative delegation within the flooded area			
5. Requesting	g DOTD assistance in completing application YesNo.			

Estimated Date	Estimated Number Of Buildings	Estimated Number of Acres	Estimated Duration (Days)
Remarks:			
7. Describe potential solution	n:		
8. Indicate type of existing la	and use in the flood problem	area:	
9. Land ownership:			
10. List other sources of fund	ding applied for and state wh	ether accepted or reject	ed:
11. Is the proposed solution Explain:	part of an approved master d	rainage plan or other ex	isting project?
12. Provide an anticipated cofunds but excluding continge		solution (including the	local matching

6. Indicate the magnitude of the flood problem by providing the following information:

13. Provide copies of any study, design, o	or preliminary design information currently available:
14. Describe previous measures to allevia	te the current flooding problem:
15. List previous studies, their sources, an	nd dates involving the current flooding problem:
Required Attachments:	
1. Flooded Area Location Map	
2. Documentation of Existing Floo	oding Problem
3. Resolution	
4. Checklist	
Other Attachments	
Certification:	
I hereby certify that the above info	rmation is correct to the best of my knowledge.
	(Officer of Sponsoring Authority)
	(Title)